## This portion MUST be returned with your payment to ensure proper credit. THANK YOU

| ACCOUNT BILLED   | PROJECT NAME   |         | 1                | PROJECT ID        |
|--|--|---------|------------------|-------------------|
| CHEW, ALAN H.  | FLAGSTONE/SPLIT MOUNTAIN PROJE                             |         | S470061          |                   |
| DUE DATE ANNUAL FEE AMOUNT DUE   | FEE NOT ENCLOSED   |         | Change of Addre  | ss                |
| 07/28/2000 \$ 100 \$ 100<br>TAX ID OR SOCIAL SECURITY #  | Permittee requests an inspection to close out this permit. | Contact |                  | VED               |
| TAX IS ON GOODLE GEOGRAPT W  | out this permit.   | Address | I then to have I | W Bostos Bosto    |
| DIVISION OF OIL GAS AND MINING<br>1594 WEST NORTH TEMPLE SUITE 1210<br>PO BOX 145801<br>SALT LAKE CITY UT 84114-5801 |  |         | JUL 27 2         | 2000              |
|  |  |         | DIVISION         | OF                |
|  |  | State   | IL, GAS AND      | MINING            |
|  |  | Phone   |                  | The tyles and the |
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Please make check payable to:
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